

AO 435 (Rev. 04/11)		Case:17-03283-LTS Doc#:1158 Filed:08/24/17 Entered:08/24/17 09:47:52 Desc: Main Document Page 1 of 1 Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b> <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>					
<i>Please Read Instructions:</i>					
1. NAME <b>Robert S. Brady</b>		2. PHONE NUMBER <b>(302) 571-6600</b>		3. DATE <b>8/24/2017</b>	
4. MAILING ADDRESS <b>1000 N. King Street</b>		5. CITY <b>Wilmington</b>		6. STATE <b>DE</b>	7. ZIP CODE <b>19801</b>
8. CASE NUMBER <b>17-03283</b>	9. JUDGE <b>Judith G. Dein</b>	DATES OF PROCEEDINGS			
		10. FROM <b>8/22/2017</b>	11. TO <b>8/22/2017</b>		
12. CASE NAME		LOCATION OF PROCEEDINGS			
		13. CITY <b>Boston</b>	14. STATE <b>MA</b>		
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				<b>Hearing beginning at 1:00 p.m.</b>	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES <b>1</b>		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	<b>0.00</b>
18. SIGNATURE <b>/s/ Robert S. Brady</b>				PROCESSED BY	
19. DATE <b>8/24/2017</b>				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
		DATE	BY		
ORDER RECEIVED					
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	<b>0.00</b>
TRANSCRIPT RECEIVED				LESS DEPOSIT	<b>0.00</b>
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	<b>0.00</b>